

# CDPH Quarantine/Isolation Facility Intake Form

To be completed in full before calling the CDPH Q/I Facility Intake Coordinator  
(updated 3/27/20)

<b>Demographics</b>	
<b>Patient Name:</b>	<b>Gender:</b>
<b>Date of Birth:</b> ____/____/____  <b>Preferred language:</b>	<b>Jurisdiction of residence/temporary residence/current housing:</b>
<b>Phone number:</b>	<b>Shelters/Street locations resided in last 14 days:</b>
<b>Hospital Contact</b>	
<b>Hospital point of contact:</b>	<b>Name/Pager of Attending on record:</b> _____  _____
<b>Phone number:</b>	NOTE: Please scan history and physical encrypted by email with Q/I placement in the subject line to: <a href="mailto:coronavirussocialwork@cityofchicago.org">coronavirussocialwork@cityofchicago.org</a>
<b>Clinical Considerations</b>	
<b>COVID-19 (SARS-CoV-2) test date:</b>	<b>Influenza test date:</b>
<b>Result:</b>	<b>Result:</b>
<b>Symptom Onset date:</b>	<b>Date of last fever:</b>
<b>Last set of vital signs</b>  <b>Temperature:</b>  <b>Heart Rate:</b>  <b>Respiratory Rate:</b>  <b>Blood pressure:</b>  <b>Oxygen saturation:</b>	<b>Current bed type:</b> (General, tele, ICU, ED, etc)   <b>NOTE:</b>  Would not qualify if still in ICU or stepdown unit.   Is the patient stable for home discharge? _____

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Does the clinical attending attest that the patient is stable for discharge to a situation where the patient does not need continued medical care? _____	Does the patient have a current diagnosis of C. difficile infection or being treated for C. difficile diarrhea?
<b>Hospital planning</b>	
Does patient have 14 days of medicines? _____  Does patient have all other necessary personal necessities to last 14 days? _____  Does patient have planned, needed hospital follow-up in the next 14 days? _____  Emergency contact for the individual (name and number): _____  Any known food allergies:  Any known medication allergies:	List of all medications the individual is being discharged on (including frequency and dosage):          List of pertinent medical conditions:
<b>Disposition</b>	
Reason for isolation:  ___homeless/unstable housing  ___unable to maintain isolation at home (high-risk home setting)	Reason for quarantine:  NOTE: <u>Must be asymptomatic.</u>